

SENATE RECORD VOTE ANALYSIS

104th Congress
2nd Session

Vote No. 272

September 5, 1996, 5:34 pm
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VA-HUD APPROPRIATIONS/Mother & Newborn 48-Hour Hospital Stays

SUBJECT: Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Bill for fiscal year 1997 . . . H.R. 3666. Frist amendment No. 5193 to the Bradley/Kassebaum/Frist amendment No. 5192.

ACTION: AMENDMENT AGREED TO, 98-0

SYNOPSIS: As reported, H.R. 3666, the Departments of Veterans Affairs and Housing and Urban Development, and independent Agencies Appropriations Bill for fiscal year 1997, will provide a net of \$84.7 billion in new budget authority, which is \$2.8 billion under the Administration's request, \$714 million more than provided in the House-passed bill, and \$2.3 billion more than provided in FY 1996.

The Bradley/Kassebaum/Frist amendment requires health plans, and employee health benefit plans, that provided maternity benefits to provide hospital coverage for at least 48 hours for normal vaginal delivery and at least 96 hours for caesarean section delivery unless the attending health care provider, in consultation with the mother, decided a shorter stay (or no stay, including a non-hospital delivery) was appropriate, in which case coverage would have to be given for appropriate follow-up care for the duration of the 48 hours or 96 hours. Appropriate follow up care would have to be provided by a registered nurse, physician, nurse practitioner, nurse midwife, or physician assistant who was experienced in maternal and child health care in the non-hospital setting in which care would be provided. Policies could not provide payments to doctors or patients for limiting maternal hospital stays. The amendment would not preempt State laws to the extent that they required longer hospital stay coverage for maternal hospital stays.

The Frist second-degree amendment would strike all after the first word and would insert identical language with two clarifications. The first clarification would make clear that a mother would not have the option of demanding non-hospital care regardless of the attending provider's assessment that hospital care was warranted; the second clarification would make clear that the prohibition on giving incentives for shorter hospital stays would not interfere with rate negotiations between health plans and health care providers.

NOTE: Following the vote, the underlying amendment was adopted by voice vote.

(See other side)

YEAS (98)				NAYS (0)		NOT VOTING (2)	
Republican (51 or 100%)		Democrats (47 or 100%)		Republicans (0 or 0%)	Democrats (0 or 0%)	Republicans (2)	Democrats (0)
Abraham	Helms	Akaka	Inouye			Hatfield- ² AY Murkowski- ²	
Ashcroft	Hutchison	Baucus	Johnston				
Bennett	Inhofe	Biden	Kennedy				
Bond	Jeffords	Bingaman	Kerrey				
Brown	Kassebaum	Boxer	Kerry				
Burns	Kempthorne	Bradley	Kohl				
Campbell	Kyl	Breaux	Lautenberg				
Chafee	Lott	Bryan	Leahy				
Coats	Lugar	Bumpers	Levin				
Cochran	Mack	Byrd	Lieberman				
Cohen	McCain	Conrad	Mikulski				
Coverdell	McConnell	Daschle	Moseley-Braun				
Craig	Nickles	Dodd	Moynihan				
D'Amato	Pressler	Dorgan	Murray				
DeWine	Roth	Exon	Nunn				
Domenici	Santorum	Feingold	Pell				
Faircloth	Shelby	Feinstein	Pryor				
Frahm	Simpson	Ford	Reid				
Frist	Smith	Glenn	Robb				
Gorton	Snowe	Graham	Rockefeller				
Gramm	Specter	Harkin	Sarbanes				
Grams	Stevens	Heflin	Simon				
Grassley	Thomas	Hollings	Wellstone				
Gregg	Thompson		Wyden				
Hatch	Thurmond						
	Warner						

EXPLANATION OF ABSENCE:

- 1—Official Business
- 2—Necessarily Absent
- 3—Illness
- 4—Other

SYMBOLS:

- AY—Announced Yea
- AN—Announced Nay
- PY—Paired Yea
- PN—Paired Nay

Those favoring the amendment contended:

The underlying amendment has 52 cosponsors, split fairly evenly between Republicans and Democrats. The Frist second-degree amendment, on which we will soon vote, is in full accordance with the underlying amendment--it will only make two clarifying changes. We are very pleased that there is such strong, bipartisan agreement on how to address the very serious issue of women being forced to leave the hospital too soon, against medical advice, after having given birth.

Under current standards of medical care, it is often considered appropriate to leave the hospital in less than 48 hours after giving birth. In some cases, with alternative care, stays of only a few hours or even home deliveries are safe and are often preferred by women. These standards are far different than they were only a few decades ago, when women were heavily sedated during childbirth, when fathers were not allowed in the delivery room, when women were separated from their newborn babies for several days except for brief feeding periods, and women stayed in the hospital for 5 or more days.

The problem is that as the medical community, and patients, have moved away from this impersonal and excessive care as unnecessary in most deliveries, and as hospitalization costs have risen, insurers have tried to enforce very short hospital stays in all cases. They have either limited coverage to only a day or less, or they have offered financial inducements for women to leave early. Both of these practices are extremely dangerous. Many common prenatal problems, particularly jaundice and heart problems, do not appear until the second day after delivery. When mothers and their babies have been forced out of the hospital by an insurance company eager to save money, and when follow-up care has not been provided, those mothers have not known the early warning signs of problems when they have occurred, and consequently they and their infants have often ended up in emergency rooms with severe problems.

As a general principle many of us do not favor Federal involvement in the health care industry, but in this instance we believe that it is appropriate. Though this problem has only recently emerged, 28 States have already enacted laws to require maternal coverage to give at least 48 hours of hospital coverage. However, States cannot regulate insurers headquartered out-of-State, plus they cannot regulate self-insurers who are covered under Federal law. If the problem is going to be corrected, as it should be, the correction is going to have to come from the Federal level.

The flexible correction proposed by this amendment, unlike most Federal laws and regulations of the health care industry, would expand rather than limit medical options. If, in the judgment of a health care provider in consultation with a new mother, a hospital stay of longer than a few hours for that mother and her baby was appropriate, the option of staying a minimum of 48 hours would be available. The important point is that the length of stay would be optional. The amendment would in no way mandate a 48-hour hospital stay if a woman preferred another option and if the physician concurred that another option was medically safe. As medical science progresses, it soon may become completely safe, and the norm, to have children at home, and women may well prefer to give birth at home rather than in an institutionalized setting. This amendment would allow that change.

The current practice of requiring short hospital stays is driven by insurance companies' desire to control costs, but it is harming the quality of health care given to mothers and newborn babies. This amendment would correct the problem. We urge its adoption.

No arguments were expressed in opposition to the amendment.